

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

THELMA T. CALANTAS,
a.k.a. THELMA BIGARAN TULINGAN

Registered Nurse License No. 486505

Respondent.

Case No. 2012-161

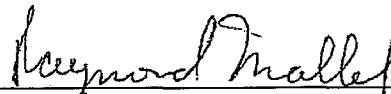
OAH No. 2011120659

ORDER DENYING RECONSIDERATION

The effective date of the decision in the above-entitled matter having heretofore been stayed through December 26, 2012, for the purpose of determining whether Respondent's request for reconsideration of said decision should be granted; since no action was taken by the Board within the time allowed for ordering reconsideration, the petition for reconsideration is deemed denied by operation of law pursuant to Government Code section 11521(a). The Board's Decision issued on October 18, 2012, becomes effective on December 27, 2012.

IT IS SO ORDERED this 27th day of December 2012.

BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



Raymond Mallel, President
Board of Registered Nursing
Department of Consumer Affairs
State of California

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In the Matter of the Accusation Against:

THELMA T. CALANTAS
a.k.a. THELMA BIGARAN TULINGAN
154 N. Michigan Ave
Pasadena, CA 91106

Registered Nurse License No. 486505

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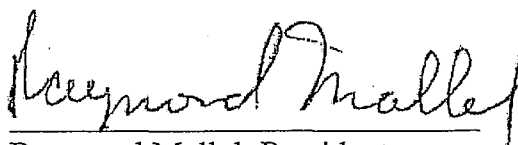
OAH No. 2011120659

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on November 16, 2012.

IT IS SO ORDERED this 18th day of October, 2012.



Raymond Mallel, President
Board of Registered Nursing
Department of Consumer Affairs
State of California

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against :

THELMA T. CALANTAS,
aka THELMA BIGARAN TULINGAN,

Registered Nurse License No. RN 486505

Respondent.

Board Case No. 2012-161

OAH No. 2011120659

PROPOSED DECISION

This matter came on regularly for hearing on July 9, 2012, at Los Angeles, California, before Deena Ghaly, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California. Respondent Thelma T. Calantas was present and was represented by Christopher Parkhurst, Attorney at Law. Louise Bailey, M.Ed., R.N. (Complainant), was represented by Deputy Attorney General Geoff Ward and Certified Law Student John Thyberg.

Oral and documentary evidence was presented and the matter was submitted for decision on July 9, 2012.

FACTUAL FINDINGS

I. Jurisdictional Facts

1. The Accusation was brought by Complainant in her official capacity as Executive Officer of the Board of Registered Nursing (Board).
2. The Board issued Registered Nurse License No. RN 486505 to Respondent on March 31, 1983. The license expired on May 31, 2012. Respondent was originally licensed under the name Thelma Bigaran Tulingan.
3. Respondent's license has not been previously disciplined by the Board.

II. Facts Giving Rise to Discipline

4. At all relevant times, Respondent worked at Methodist Hospital of Southern California in Arcadia, California. During the evening of November 21, 2010, two Certified Nursing Assistants (CNA) found a grocery bag filled with various prescription and non-prescription drugs, including controlled substances¹ in one of the hospital's staff lounges, secured it and turned it over to Respondent's supervisor the next morning. In addition to the drugs, the bag contained several personal effects belonging to Respondent including photographs of herself and family members and a date book with entries filled in Respondent's handwriting. On November 22, 2010, Respondent was not on duty. Human resources personnel contacted Respondent at her home and directed her to come to the hospital to answer questions regarding the bag. The Pharmacy Manager assigned a senior pharmacist to inventory the medications and photograph them.

5. Respondent was questioned by hospital human resources personnel and her managers in the course of the hospital's internal investigation. Respondent readily admitted that the bag belonged to her and stated that she had brought it to the hospital several days before, on November 19, 2010. Shortly after her arrival on that date, Respondent was called to assist with an emergency. She left the drugs in an employee lounge and forgot all about them. Respondent further explained that she had obtained the drugs from an aunt who worked in a nursing care facility in San Diego, intending to offer some to another employee whose father was dying and in pain but the father had since passed away. She therefore planned to destroy the drugs in the hospital's controlled substance disposal system.

6. As part of the investigation, Respondent accompanied hospital personnel to her locker, which was opened. No additional contraband was discovered; however, unbeknown to everyone but the Respondent, a second bag also containing an assortment of prescription and non-prescription drugs was sitting just a few feet away on a table near the lockers. The bag also belonged to Respondent but she did not volunteer this information.

7. During the hospital's investigation, Respondent requested to take a break, allegedly to call her son. Instead, Respondent called a co-worker and asked that employee to dispose of the second grocery bag full of prescription drugs Respondent had brought to the hospital. The co-worker refused and reported the incident to their manager, who thereafter seized the bag.

¹ A controlled or "scheduled" drug is one the Federal Drug Administration has categorized as having high abuse potential or risk. All controlled drugs with a recognized legal and medical use are divided into Schedule II through Schedule V drugs, with Schedule II having the highest risk for abuse, Schedule III the next highest and so on.

8. Respondent was also asked and agreed to take a drug test, the results of which were negative. Finally, the hospital undertook an audit of Respondent's controlled substance record and determined that there was no indication that Respondent had taken the drugs from Methodist Hospital.

9. The first grocery bag contained a mixture of controlled and non-controlled drugs. The controlled drugs were hydrocodone, codeine, propoxyphene, alprazolam, hydromorphone, morphine, lorazepam and zolpidem. These drugs had various expiration dates between August 2008 and August 2011. The non-controlled drugs were diltiazem, KCI, metronidazole, valsartan, diphenhydramine, calcium co3 with vitamin d, levalbuterol, ipratropium, famotidine, pantoprazole, and albutrol. The record established the expiration date of four of the non-controlled medications, the diphenhydramine with an expiration date of July 1, 2010, the calcium co3 with an expiration date of October 1, 2010, the famotidine with an expiration date of March 2008 and the pantoprazole with an expiration date of June 2008.

10. The second bag also contained controlled drugs and non-controlled drugs. The controlled drugs were alprazolam, ciazepam, diphenoxylate/atropine, hydrocodone/acetaminophen, hydromorphone, lorazepam, temazepam, and zolpidem and had various expiration dates ranging from September 2007 to July 2010. The non-controlled drugs were acetaminophen, carvedilol, clonidine, diphenhydramine, docusate, elanaprilat, famotidine, ferrous sulfate, furosemide, ketorolac, levalbuterol, methylprednisone, metoclopramide, metoprolol, ondansetron, pantoprazole, simvastatin, and valsartan and had expiration dates ranging from January 2009 to August 2010.

11. At the conclusion of the internal investigation, Respondent was terminated from her position with Methodist Hospital. In its termination notice, hospital personnel summarized the basis for Respondent's termination as follows:

Thelma Calantas was called and asked to come in and meet with Human Resources, Risk and her manager. When you were questioned about the bag...you stated that the bag indeed belonged to you and that you brought the bag into the facility to dispose of the drugs. You also stated that you had received the drugs from a family member a while back and was going to offer some to another employee whose dad was suffering, but had now passed away. You also stated that you had used some the drugs to relieve your back pain...After we spoke with you, we asked you to accompany All Health Security, Human Resources and your manager to search your locker. Upon looking in your locker, we did not find any additional drugs/narcotics. Nevertheless, when we arrived back to Human Resources to wrap up our meeting with you, you stated you needed to call your son. Your manager shortly after you stepped out to make a call, received a call from your co-worker whom [sic] stated that you had called her to ask her to dispose of a bag on the table in the staff lounge. She refused to dispose of the bag and the [Chief Nursing Officer] and Security retrieved the bag of which had additional

amounts of drugs/narcotics. We asked you why you did not inform Security, Human Resources and your manager at the time of searching your locker and you stated you did not think of it until you came back downstairs.

(Complainant's Exhibit 7 (AGO p. 42).)

12. In a handwritten note to Methodist Hospital written in response to the termination letter and entitled "Clarification on part of Incident Description and Supporting Details," Respondent replied:

The statement or phrase said "You also stated that you had used some of the drugs to relieve your back pain." This phrase was never said at time being questioned. In the presence of my manager, Louise Wong, R.N., Janet Maronde, R.N. from risk management, Jonathon Woo, Director, Human Resources and Karen Bureme, PHR-employee relation manager, this is what I said, "Years back I took vicodin prescription for back problem and still have them with me expired."

(Complainant's Exhibit 7 (AGO p. 45).)

12. Methodist Hospital reported the incident to the Board. The Board undertook its own investigation and, with one notable difference, its results were essentially the same as those of the hospital's internal investigation. When interviewed by the Board investigator, Respondent recanted her earlier explanation regarding where she obtained the drugs, maintaining that she inadvertently took them home from Methodist Hospital over a two year period and kept them in a locked cabinet there "to deal with later." While cleaning her house in preparation for Thanksgiving, she found that the cabinet had become full and she decided the safest way to dispose of them was by bringing them back to the hospital. She repeated this version of events during her testimony at the hearing. This explanation, Respondent's second, is not credible for the following reasons: (i) it is unlikely that Respondent could have taken the amount of medication found in the grocery bags and yet, even after careful auditing of Respondent's controlled drug use logs and records and inventorying of the drugs found in the grocery bags, no evidence is found indicating that the drugs originally belonged to the hospital; (ii) Respondent took the time to correct a portion of the hospital's understanding of the underlying circumstances as reflected in its termination notice – namely, that she had not told hospital managers that she currently used the painkiller Vicodin – but did not comment or attempt to correct the statements regarding her obtaining the medication from a relative; and (iii) Respondent's assertions that she did not think to report the second bag of drugs as she stood in such close proximity to it with hospital personnel investigating the matter as well as her attempts to request another employee to destroy the bag, show a general propensity for dishonesty and detract from her credibility.

III. Respondent's Background

13. Respondent has been a nurse for over 32 years, first in the Philippines then in the United States. She had worked at Methodist Hospital for more than 14 years prior to her termination, sometimes serving as relief charge nurse.

14. Respondent has earned tremendous respect and admiration from her colleagues. Eleven of them signed a detailed letter attesting to her skills, professionalism and devotion to her patients, noting "[t]he quality of care and support she has provided to her patients and co-workers will never be forgotten." (Respondent's Exhibit A.) They also stated that Respondent never showed symptoms of, or capacity for substance abuse. Board witness Louise Wong, who had been Respondent's manager for 10 years, credibly testified about Respondent's devotion and professionalism, noting, in the course of her testimony, her surprise about Respondent's involvement in the underlying incident.

IV. Potential Factors in Mitigation and Rehabilitation

15. Respondent testified that she was completely panicked when she was called in to be questioned about the bags and, under the pressure, "made up" a story regarding how she obtained the drugs and why.

16. Since her termination from Methodist Hospital, Respondent has attended three sessions for grief and loss counseling with a licensed marriage and family therapist, Patricia Sanora. Sanora, who is also certified as a drug and alcohol counselor, found that Respondent does not exhibit any of the indicators for substance abuse.

V. Board Costs

17. Complainant's costs of investigation and prosecution are \$3,077.50, of which \$3,017.50 constitute attorney charges and \$60 constitute paralegal charges. These costs are found to be reasonable.

LEGAL CONCLUSIONS AND DISCUSSION

I. Standard and Burden of Proof

1. The standard of proof to be used in this proceeding is "clear and convincing proof to a reasonable certainty." (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853.) This means the burden rests on Complainant to establish the charging allegations by proof that is clear, explicit and unequivocal—so clear as to leave no substantial doubt, and sufficiently strong to command the unhesitating assent of every reasonable mind. (*In re Weaver* (1990) 224 Cal.App.3d 478.)

II. Applicable Provisions

2. Under Business and Professions Code section 2750², the Board may discipline any license for any reason provided in Article 3 (commencing with Code section 2750) of the Nursing Practices Act.

3. Section 2764 provides that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the license or to render a decision imposing discipline on the license. Section 118, subdivision (b) also grants the Board jurisdiction over suspended, expired, forfeited, cancelled, or surrendered licenses.

4. Section 2761 provides the Board authority to discipline a nurse for unprofessional conduct.

5. Section 2762 provides that certain conduct relating to controlled substance constitutes unprofessional conduct:

In addition to other acts constituting unprofessional conduct within the meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist, administer to himself or herself, or furnish or administer to another, any controlled substance, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

6. Twelve of the 24 separate containers (tabs or syringes) of drugs in the first bar contained controlled drugs. In particular, hydrocodone, codeine, hydromorphone, and morphine are categorized as Schedule II controlled substances as defined in Health and Safety Code section 11055. Fourteen of the 51 containers found in the second bag were controlled substances and included hydrocodone and hydromorphone as well as a number of psychotropic drugs and sedatives such as alprazolam, clonazepam, diazepam, lorazepam and zolpidem which are categorized as Schedule IV controlled substances as defined in Health and Safety Code section 11057.

² All statutory citations are to the Business and Professions Code unless otherwise indicated.

7. Section 4022 defines "dangerous drug" to include any prescription drug. While the record did not establish which of these drugs can only be dispensed by prescription, it is common knowledge and official notice is taken that the vast majority of the medications in Respondent's possession were drugs that can only be dispensed via prescription.

III. Disposition and Analysis

8. Cause exists to discipline Respondent's registered nurse license pursuant to section 2761 and section 2762, subsection (a), for unprofessional conduct for obtaining and possessing controlled substances and dangerous drugs without a lawful prescription. (Factual Finding 5 and 6, and Legal Conclusions 4 through 7).

9. Pursuant to California Code of Regulations, title 16, section 1444.5, the Board has adopted Recommended Guidelines for Disciplinary Orders and Conditions of Probation (Guidelines). The Guidelines specify that the following factors are to be considered in determining whether revocation, suspension or probation is to be imposed in a given case:

1. Nature and severity of the act(s), offenses, or crime(s) under consideration.
 2. Actual or potential harm to the public.
 3. Actual or potential harm to any patient.
 4. Prior disciplinary record.
 5. Number and/or variety of current violations.
 6. Mitigation evidence.
 7. Rehabilitation evidence.
 8. In case of a criminal conviction, compliance with conditions of sentence and/or court-ordered probation.
 9. Overall criminal record.
 10. Time passed since the act(s) or offense(s) occurred.
 11. If applicable, evidence of expungement proceedings pursuant to Penal Code Section 1203.4.
10. Applying the relevant factors of the Board's standard disciplinary guidelines:

Severity of Acts: Respondent amassed very large amount of medications and left them unsecured in an open area, acts which are dangerous and irresponsible and therefore properly categorized as constituting gross misconduct.

Actual or Potential Harm to the Public: Tracking, accounting for and responsibly destroying medication which, if taken in a manner inconsistent with applicable medical standards and without medical supervision, could be harmful and even lethal, are essential duties of any medical professional. Respondent's actions here stand in sharp contrast to that duty. On the contrary, by removing the medications from their rightful place and failing to secure them, her actions exposed the public to severe potential harm.

Actual or Potential Harm to Any Patients: The record did not establish whether drugs that should have been provided to patients were withheld or removed; however, any time drugs, especially controlled substances, are where they are not supposed to be, the potential for patient harm exists, either because they are not available for legitimate use or because they should be destroyed and not left out in the open where they can be wrongly dispensed or taken.

Record of Discipline: Respondent has no prior record of discipline.

Factors in Mitigation: Respondent is a longtime and accomplished professional who has won the respect and support of her co-workers. However, the extent and gravity of her misconduct, undertaken over the course of as long as two years, must be weighed against her overall and otherwise unblemished record. As noted above, her transgressions are serious. They reflect a profound lapse in professionalism and commitment to safety standards. Her varying and largely not credible explanations, her lack of cooperation with the investigation, particularly her decision not to point out the second bag of drugs as she stood just feet away from it in the course of the internal investigation, her attempt to obstruct that investigation by leaving her managers on a ruse to ask another employee to destroy the bag, and her lack of candor in the course of her testimony during the Board investigation and at the hearing for this matter, are all aggravating factors which also counteract the applicable factors in mitigation.

Factors Regarding Rehabilitation: Respondent has sought psychological assistance; however, without a credible explanation of her actions and motives, it is impossible to know whether the root cause of her misconduct has been addressed. Under these circumstances, the record does not establish the degree to which Respondent is rehabilitated.

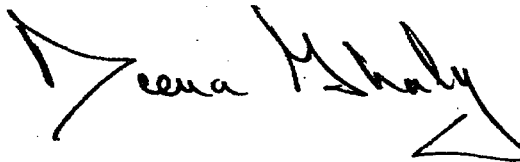
11. Respondent engaged in serious misconduct, which had the potential to harm patients and others. Moreover, she failed to fully participate in her previous employer's investigation with candor and integrity, changed her explanation for her actions to one that lacked credibility during the Board's investigation and maintained that explanation during the hearing. While Respondent has an exemplary work record and no prior discipline, these factors are insufficient, in light of the aggravating factors set forth above to warrant continued licensure.

12. Section 125.3 provides that the Board may request the Administrative Law Judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case. Where, as here, the Board has made such a request, the Administrative Law Judge is to make a proposed finding of the reasonable costs of investigation and prosecution of the case. (§ 125.3, subd. (d).) The Board's reasonable costs of investigation and enforcement are \$3,077.50. (Factual Finding 17.) However, in light of the final disposition, it would be unduly punitive to direct Respondent to direct the Respondent to pay the costs of investigation and prosecution of the matter at this time. As set forth in the Order, Respondent will be responsible for paying the costs of investigating and prosecuting this matter only if and when the Board reinstates her license at some future time.

ORDER

IT IS HEREBY ORDERED that Respondent Thelma T. Calanta, aka Thelma Bigaran Tulingan's Registered Nurse License Number 486505 is revoked. If and when Respondent's license is reinstated, she shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the amount of \$3,077.50. Respondent shall be permitted to pay these costs in a payment plan approved by the Board. Nothing in this provision shall be construed to prohibit the Board from reducing the amount of cost recovery upon reinstatement of the license.

DATED: August 7, 2012.

A handwritten signature in black ink, appearing to read "Deena Ghaly", with a stylized flourish at the end.

DEENA GHALY
Administrative Law Judge
Office of Administrative Hearings

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8 **BEFORE THE**
BOARD OF REGISTERED NURSING
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. **2012-161**

11 **Thelma T. Calantas, aka Thelma Bigaran**
12 **Tulingan**

A C C U S A T I O N

13 **154 N. Michigan Avenue**
14 **Pasadena, CA 91106**

15 **Registered Nurse License No. 486505**

16 Respondent.

17 Complainant alleges:

18 **PARTIES**

19 1. Louise R. Bailey, M.Ed., R.N. ("Complainant") brings this Accusation solely in her
20 official capacity as the Executive Officer of the Board of Registered Nursing ("Board"),
21 Department of Consumer Affairs.

22 2. On or about March 31, 1993, the Board issued Registered Nurse License Number
23 486505 to Thelma T. Calantas, aka Thelma Bigaran Tulingan ("Respondent"). The Registered
24 Nurse License was active at all times relevant herein and will expire on May 31, 2012, unless
25 renewed.

26 **JURISDICTION AND STATUTORY PROVISIONS**

27 3. Section 2750 of the Business and Professions Code ("Code") provides, in pertinent
28 part, that the Board may discipline any licensee, including a licensee holding a temporary or an

1 inactive license, for any reason provided in Article 3 (commencing with Code section 2750) of
2 the Nursing Practice Act.

3 4. Section 2764 of the Code provides, in pertinent part, that the expiration of a license
4 shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the
5 licensee or to render a decision imposing discipline on the license. Under Section 2811
6 subdivision (b) of the Code, the Board may renew an expired license at any time within eight
7 years after the expiration.

8 5. Sections 118 subdivision (b) of the Code also grants the Board jurisdiction over
9 suspended, expired, forfeited, cancelled, or surrendered licenses:

10 "The suspension, expiration, or forfeiture by operation of law of a license issued by a
11 board in the department, or its suspension, forfeiture, or cancellation by order of the
12 board or by order of a court of law, or its surrender without the written consent of the
13 board, shall not, during any period in which it may be renewed, restored, reissued, or
14 reinstated, deprive the board of its authority to institute or continue a disciplinary
proceeding against the licensee upon any ground provided by law or to enter an order
suspending or revoking the license or otherwise taking disciplinary action against the
licensee on any such ground."

15 6. Section 2761 of the Code provides the Board authority to discipline a nurse for
16 unprofessional conduct:

17 "The board may take disciplinary action against a certified or licensed nurse or deny
18 an application for a certificate or license for any of the following:

19 (a) Unprofessional conduct, which includes, but is not limited to, the
20 following ... [subsections 1 through 4 follow]."

21 7. Section 2762 of the Code provides that certain conduct relating to controlled
22 substances constitutes unprofessional conduct:

23 "In addition to other acts constituting unprofessional conduct within the meaning of
24 this chapter [the Nursing Practice Act], it is unprofessional conduct for a person
25 licensed under this chapter to do any of the following:

26 (a) Obtain or possess in violation of law, or prescribe, or except as
27 directed by a licensed physician and surgeon, dentist, or podiatrist administer to
28 himself or herself, or furnish or administer to another, any controlled substance as
defined in Division 10 (commencing with Section 11000) of the Health and Safety
Code or any dangerous drug or dangerous device as defined in Section 4022.

(b) Use any controlled substance as defined in Division 10 (commencing
with Section 11000) of the Health and Safety Code, or any dangerous drug or
dangerous device as defined in Section 4022, or alcoholic beverages, to an extent or

1 in a manner dangerous or injurious to himself or herself, any other person, or the
2 public or to the extent that such use impairs his or her ability to conduct with safety to
the public the practice authorized by his or her license.

3 (c) Be convicted of a criminal offense involving the prescription,
consumption, or self-administration of any of the substances described in
4 subdivisions (a) and (b) of this section, or the possession of, or falsification of a
record pertaining to, the substances described in subdivision (a) of this section, in
5 which event the record of the conviction is conclusive evidence thereof.

6 (d) Be committed or confined by a court of competent jurisdiction for
intemperate use of or addiction to the use of any of the substances described in
7 subdivisions (a) and (b) of this section, in which event the court order of commitment
or confinement is prima facie evidence of such commitment or confinement.

8 (e) Falsify, or make grossly incorrect, grossly inconsistent, or
unintelligible entries in any hospital, patient, or other record pertaining to the
9 substances described in subdivision (a) of this section."

10 8. Business and Professions Code section 4022 defines "dangerous drug" to include any
11 prescription drug:

12 "Dangerous drug" or "dangerous device" means any drug or device
13 unsafe for self-use in humans or animals, and includes the following:

14 (a) Any drug that bears the legend: 'Caution: federal law prohibits
dispensing without prescription,' 'Rx only,' or words of similar import.

15 (b) Any device that bears the statement: 'Caution: federal law restricts
16 this device to sale by or on the order of a _____,' 'Rx only,' or words of similar
import, the blank to be filled in with the designation of the practitioner licensed to use
17 or order use of the device.

18 (c) Any other drug or device that by federal or state law can be lawfully
dispensed only on prescription or furnished pursuant to Section 4006."

19 **CONTROLLED SUBSTANCES**

20 9. Morphine, a narcotic, is a schedule II controlled substance as defined in Health and
21 Safety Code section 11055 subdivision (b)(1)(m) and, as a drug that can lawfully be dispensed
22 only on prescription, is categorized as a dangerous drug pursuant to section 4022.

23 10. Hydrocodone, a narcotic, is a schedule II controlled substance as defined in Health
24 and Safety Code section 11055 subdivision (b)(1)(j) and, as a drug that can lawfully be dispensed
25 only on prescription, is categorized as a dangerous drug pursuant to section 4022.

26 11. Hydromorphone, a narcotic, is a schedule II controlled substance as defined in Health
27 and Safety Code section 11055 subdivision (b)(1)(k) and, as a drug that can lawfully be dispensed
28 only on prescription, is categorized as a dangerous drug pursuant to section 4022.

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1 of prescription drugs from a relative -- instead, she admitted that for approximately two years she
2 had routinely taken medications from Methodist Hospital. She admitted that she pocketed
3 medications withdrawn from dispensing machines and not administered to patients. Respondent
4 also admitted she had not complied with the standard practice for handling excess medications,
5 which is to either return the medication to the dispensing machine or to dispose of it in a proper
6 receptacle, and to document these actions.

7 14. In short, Respondent illegally obtained controlled substances and
8 dangerous/prescription drugs prescribed for others from Methodist Hospital and possessed them
9 for weeks, months, or years, in violation of section 2762 subdivision (a) of the Code.

10 **SECOND CAUSE FOR DISCIPLINE**

11 **(Unprofessional Conduct)**

12 15. Respondent is subject to discipline under Code section 2761 subdivision (a) on the
13 grounds of unprofessional conduct because, by committing the acts set forth in paragraphs 13 - 14
14 above, realleged and incorporated herein by this reference, she took excess medications instead of
15 disposing of or returning these medications as required by hospital procedures.

16 **PRAYER**

17 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
18 and that following the hearing, the Board of Registered Nursing issue a decision:

19 1. Revoking or suspending Registered Nurse License Number 486505, issued to Thelma
20 T. Calantas, aka Thelma Bigaran Tulingan;

21 2. Ordering Thelma T. Calantas, aka Thelma Bigaran Tulingan to pay the Board of
22 Registered Nursing the reasonable costs of the investigation and enforcement of this case,
23 pursuant to Business and Professions Code Section 125.3; and,

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3. Taking such other and further action as deemed necessary and proper.

DATED: September 19, 2011 *Louise R. Bailey*
for LOUISE R. BAILEY, M.Ed., R.N.
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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